



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, TN 37243-0201

Official Notification of Deceased Member

1. Name of Deceased Member: _____
2. Social Security Number: _____ File Number: _____
3. Last Residence of Deceased: _____
4. Date of Death: _____
5. Name of Claimant: _____
6. Address of Claimant: _____
7. Telephone Number: _____
8. Social Security Number of Claimant: _____
9. Relationship to Deceased: _____

Signature of Claimant

If the benefit check is to be made payable to the Deceased Member's Estate, Items 8 and 9 need not be completed.

A COPY OF THE DECEASED MEMBER'S DEATH CERTIFICATE MUST BE ATTACHED TO THIS CLAIM.

IF THE CLAIMANT IS A COURT APPOINTED EXECUTOR, EXECUTRIX, ADMINISTRATOR, OR ADMINISTRATIX, ONE COPY OF THE APPOINTMENT MUST ACCOMPANY THIS CLAIM.

State of _____ County of _____

On this _____ day of _____, personally appeared before me the above named individual,
_____, and made oath that the answers by him or her shown above
are true to the best of his or her knowledge.

SEAL

(Notary Public)

My Commission Expires: _____